



COMMITMENT TO PARTNER

This form announces the commitment of the named community-based organization to partner with the following school district in order to apply for a 21st Century Community Learning Centers grant. By signing, partners agree to actively collaborate and share the following student educational records information (FERPA 34 CFR §99.30 and §99.31):

- | | | |
|---------------------|------------------------|-----------------------------------|
| • First & Last Name | • Current Year Teacher | • Limited English Proficiency |
| • School Name | • Ethnicity | • Behavioral/Discipline Referrals |
| • Grade | • Special Needs | • Student AIM number |

COMMUNITY-BASED ORGANIZATION INFORMATION

Community-based Organization Name:

Authorized Representative: (Please print name and position)

Address:

Phone Number:

Email:

Authorized Signature:

SCHOOL DISTRICT INFORMATION

(If partnering with more than one school district, please make copies of this form and attach)

School Name:

Authorized Representative: (Please print name and position)

School district Authorized Representative: The Board of Trustees has the authority to act on behalf of the school district. The Trustees may delegate their authority to an authorized representative for the purpose of entering in to the commitment to partner.

Address:

Phone Number:

Email:

Authorized Signature:

OPI USE ONLY

Date Received:

Approval: